

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41437

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Lilbourn</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Lilbourn</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marv</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Sutton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 21, 1868</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Birdsville, Ky.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> USA
13a. FATHER'S NAME <u>E.T. Isabell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosey Ann Lay</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Sutton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <u>Doris Sutton 2131 N. Padgett, Birdsville, Ky.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov 25, 1955</u> , to <u>Dec 10, 1955</u> , that I last saw the deceased alive on <u>Dec 10, 1955</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>Lilbourn, Mo</u>	23c. DATE SIGNED <u>Dec. 14 '55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12 Dec. 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-18-55</u>	REGISTRAR'S SIGNATURE <u>H.L. Ronder Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Richard W. Hutto, New Madrid</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED DEC 20 1955  
NEW MADRID CO. HEALTH CENTER  
[Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature]  
Licensed Embalmer No. 886  
P. O. Address New Madrid,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.